

Pregnant Woman Application

WIC wants to help you have a healthy pregnancy and a healthy, full-term baby.

The information you share will guide us on how to best serve you.

Name (First, Middle, Last) Social Security #: Race: Is this person Hispanic or Latino? You must also select at least one of the following: American Indian/Alaska Native Asian White Black/African American Native Hawaiian/Pacific Islander		
1. When did you start going to the doctor or clinic for this pregnancy? Date334		
2. Who do you see for your prenatal care?		
3. Are you expecting more than one baby? No Yes, how many?		
 4. How many times have you been pregnant? (do not count this pregnancy) times 333 Ages of your children: 333 		
5. Check any of the following problems you had with <u>any of your</u> pregnancies (check all that apply):		
☐ Never pregnant before ☐ Baby born 3 or more weeks early 311		
☐ Had no problems with my pregnancies ☐ Small baby, less than 5 pounds 8 oz. at birth 312		
☐ Miscarriage – how many321 ☐ Large baby, more than 9 pounds at birth 337		
Stillbirth – how many321		
Abortions – how many Baby died before 1 month old 321 Other		
6. For this pregnancy, do you have (check all that apply)		
High blood pressure 345 Diabetes 302 303 Anemia 201 None of these		
7. In the last 3 months, have you been to the hospital for any problems? No Yes (359) Emergency room Hospital overnight Surgery Major Burns If any, describe:		
8. Are you seeing a doctor or dietitian for any medical problems? No Yes 341-349; 351-362 If yes, explain:		
9. Do you see a dentist for regular check-ups? No Yes, Date of Last Visit:		
10. Have you had any of the following? (check all that apply): Nausea 301 Vomiting 301 Constipation Heartburn No problems Other Other		
11. Do you take a prenatal multi-vitamin daily? No Yes If yes, how often? 427.4		
12. List any medication, vitamin, mineral, or herbal supplement you are taking? #st		
427.1, 427.4		
How do you plan to feed your baby?		
13. Have you breastfed before? No Yes, how long		
14. Are you breastfeeding another child now? No Yes 338		
15. On a scale of 0 to 10, how prepared do you feel to breastfeed your baby? (circle a number below) **not prepared** 0 1 2 3 4 5 6 7 8 9 10 very prepared** Next Page**		
To Do Completed by Uselib Core Brevide-		
To Be Completed by Health Care Provider Application reviewed by Medical date Certification Date		
Ht Wt Pre-PG wt BMI 101, 111, 133 Hgb /Hct 201 Staff initials		

	hat you eat and drink can affect your and your baby's health. Tell us about your eating habits. I usually eat meals/day and snacks/day.
17.	I make my own meals at home most of the time No Yes Describe a typical meal
	801, 802, 902
18.	I eat fruits/vegetables: 1 cup/day or less 2 cups/day 3 cups/day or more
19.	Cooked and pasteurized foods are safe for pregnant women. They are heated to kill harmful bacteria. Some raw and un-pasteurized foods are NOT safe for pregnant women. Check the box if you eat: Raw or undercooked meat, poultry, fish, eggs or foods made with raw or lightly cooked eggs Foods with raw or undercooked eggs, like salad dressings, cookie and cake batters, sauces Hot dogs, luncheon meats, fermented and dry sausage, unheated deli-style meat or poultry Refrigerated Smoked Seafood (unless it is in a cooked dish) Soft cheeses made with un-pasteurized milk: Feta, Mexican style (queso blanco fresco), Brie, Blue Raw sprouts (alfalfa, clover and radish) Un-pasteurized milk, fruit or vegetable juice or foods made with Un-pasteurized milk
20.	I run out of money or Food Stamps to buy food. No Yes Sometimes
21.	Are you on a special diet? No Yes, Describe:
22.	Do you crave or eat non-food items, like dirt, clay, soap, ice, freezer frost, or cigarette butts? No Yes, Describe:
23.	Do you have trouble eating any foods? No Yes, List:
24.	Do you have any food allergies? No Yes, List:
25.	Do you fast, binge or vomit to control your weight? No Yes Not now, in the past 358
26.	What activities do you and/or your family do for fun?
27.	Circle the form of milk you would like on your WIC checks or in your food box:
	Fresh Fluid (UHT) Dry Evaporated
Av	oiding tobacco, alcohol and illegal drugs is healthy. Please tell us more about these habits.
28.	Did you smoke cigarettes before you were pregnant? No Yes,cigarettes a day 371
29.	Do you smoke cigarettes now ? No Yes,cigarettes a day
•	 Has your smoking: ☐ Continued ☐ Increased ☐ Decreased ☐ Stopped ☐ Tried to stop
30.	Do you use smokeless or chewing tobacco? ☐No ☐Yes → how many times per day?
31.	Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home? No Yes 904
32.	On the average, about how many days/week is there smoking anywhere inside your home?904
33.	Did you drink alcohol before you were pregnant? No Yesdrinks a daydays a week
34.	Do you drink alcohol now ? No Yes drinks a day days a week 372
35.	Please circle any drugs you are using now : Marijuana Methadone Cocaine Crank Crack Methamphetamine Speed Heroin Other
36.	Are you in a relationship with anyone who has pushed, hit or threatened you in any way? No Yes Sometimes 901
Wh	at are your main concerns today – and how can WIC help?